LAKEVIEW HEALTH CENTER - FDD

902 EAST GARLAND STREET

WEST SALEM	54669	Phone: (608) 786-1400		Ownershi p:	County
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	FDDs
Operate in Con	unction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/01):	52	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/01):	53	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on $12/31$ .	/01:	45	Average Daily Census:	46

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/01)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	13. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	20. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	75.6	More Than 4 Years	<b>66</b> . 7
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	11. 1		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	11.1		100. 0
Adult Day Care No		Alcohol & Other Drug Abuse	0. 0	85 - 94	2. 2	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivaler	nt
Congregate Meals		Cancer	0. 0		[	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	24. 4		
Transportati on	No	Cerebrovascul ar	0.0			RNs	12. 8
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	3. 6
Other Services		Respi ratory	0.0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	51.1	Ai des, & Orderlies	51. 2
Mentally Ill	No			Female	48. 9		
Provi de Day Programming for			100. 0				
Developmentally Disabled	Yes				100.0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	<b>;</b>		Family Care			lanaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				44	100.0	152	0	0.0	0	0	0.0	0	1	100.0	157	0	0.0	0	45	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		44	100.0		0	0.0		0	0.0		1	100. 0		0	0.0		45	100.0

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Deaths During Reporting Period	<u> </u>						
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	18. 2	Daily Living (ADL)	Independent	0ne	or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		<b>35.</b> 6	64. 4	45
Other Nursing Homes	0.0	Dressi ng	11. 1		40. 0	48. 9	45
Acute Care Hospitals	36. 4	Transferring	53. 3		11. 1	35. 6	45
Psych. HospMR/DD Facilities	36. 4	Toilet Use	35. 6		24. 4	40. 0	45
Rehabilitation Hospitals	0.0	Eating	<b>57. 8</b>		24. 4	17. 8	45
Other Locations	9. 1	**************	**********	*****	******	*********	******
Total Number of Admissions	11	Continence		%	Special Treatme	nts	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	0. 0	Receiving Res	pi ratory Care	0. 0
Private Home/No Home Health	15. 4	0cc/Freq. Incontinent	of Bladder	<b>62</b> . 2	Recei vi ng Tra	cheostomy Care	0. 0
Private Home/With Home Health	15. 4	Occ/Freq. Incontinent	of Bowel	46. 7	Recei vi ng Suc	ti oni ng	0. 0
Other Nursing Homes	0.0				Receiving Ost	omy Care	2. 2
Acute Care Hospitals	0.0	Mobility			Recei vi ng Tub	e Feeding	6. 7
Psych. HospMR/DD Facilities	7. 7	Physically Restrained	l	4. 4	Receiving Mec	hanically Altered Diets	s 48. 9
Rehabilitation Hospitals	0.0						
Other Locations	46. 2	Skin Care			Other Resident	Characteri sti cs	
Deaths	15. 4	With Pressure Sores		0.0	Have Advance	Directives	100. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	13				Receiving Psy	choactive Drugs	28. 9

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	Thi s	]	FDD		A1 1	
	Facility	Fac	cilities	Fac	lties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	84. 4	84. 6	1. 00	84. 6	1. 00	
Current Residents from In-County	46. 7	41. 3	1. 13	77. 0	0. 61	
Admissions from In-County, Still Residing	9. 1	17. 0	0. 53	20. 8	0. 44	
Admissions/Average Daily Census	23. 9	18. 6	1. 28	128. 9	0. 19	
Discharges/Average Daily Census	28. 3	22. 2	1. 28	130. 0	0. 22	
Discharges To Private Residence/Average Daily Census	8. 7	9. 4	0. 93	52. 8	0. 16	
Residents Receiving Skilled Care	0. 0	0. 0	0.00	85. 3	0.00	
Residents Aged 65 and Older	24. 4	15. 8	1. 54	87. 5	0. 28	
Title 19 (Medicaid) Funded Residents	97. 8	99. 3	0. 98	68. 7	1. 42	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0. 00	
Developmentally Disabled Residents	100. 0	99. 7	1.00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0. 00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0. 00	
Impaired ADL (Mean)*	<b>55. 6</b>	50. 6	1. 10	49. 3	1. 13	
Psychol ogi cal `Probl ems	28. 9	46. 6	0. 62	51. 9	0. 56	
Nursing Care Required (Mean)*	7. 2	11.0	0. 66	7. 3	0. 98	